



*JAN Box
Sefg*

TRANSMITTAL FORM

(for all correspondence after initial filing)

Total number of pages in this submission =

Application #	09/964,858
Confirmation #	2374
Filing Date	28 September 2001
First Inventor	HOSTETTER et al.
Art Unit	1645
Examiner	Dévi, Sarvamangala J.N.
Docket #	P07274US02/BAS

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fees calculated below	<input type="checkbox"/> Response to Missing Parts/Incomplete Appl.
<input checked="" type="checkbox"/> Supplemental Amendment	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input checked="" type="checkbox"/> including Attachments	<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> After Final Amendment/Reply	<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> including Attachment(s)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Extension of Time Petition	<input type="checkbox"/>
<input checked="" type="checkbox"/> Sequence Listing Diskette	<input type="checkbox"/>

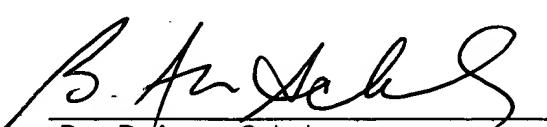
FEES CALCULATION: For claims if required and/or other fees as shown below:

	NOW	Previously Paid For	Present Extra	Rate	\$
<input checked="" type="checkbox"/> TOTAL CLAIMS	5	- 23	0	X \$ 50 =	0
<input checked="" type="checkbox"/> INDEPENDENT CLAIMS	1	- 3	0	X \$ 200 =	0
TOTAL OF ABOVE CLAIMS FEES =					0
SUBTOTAL =					0
TOTAL OF ALL FEES =					0

A CREDIT CARD PAYMENT FORM (PTO-2038) in the amount of \$ _____ is enclosed.

The Commissioner is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. :
 (1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or
 (2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely.

Date: June 7, 2006


By: B. Aaron Schulman
Registration No.: 31,877

STITES & HARBISON PLLC • 1199 North Fairfax St. • Suite 900 • Alexandria, VA 22314
TEL: 703-739-4900 • FAX: 703-739-9577 • Customer No. 00881